

# ATTACHMENT 1

## Modified instructions for claims submitted using the HCFA 1500 (80 Byte) Record Layout on and after October 13, 2003

For claims submitted to Wisconsin Medicaid using the HCFA 1500 (80 Byte) Record Layout on and after October 13, 2003, billing services and providers will be required to follow the current record layout with the following modifications and clarifications.

### CLAIMS SUBMISSION

When submitting claims using the HCFA 1500 (80 Byte) Record Layout, continue to use the dial-up connection and data exchange methods allowed prior to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Round-reel [9-track] tapes; 3480, 3490, and 3490E cartridge tapes; CD-ROM; 3780 protocol; Micro-ECS; and Reformatter).

### MEDICAL CODES

Providers should continue to indicate medical codes (e.g., procedure codes, modifiers) appropriate to the date of service (DOS). Refer to Attachment 4 of this *Wisconsin Medicaid and BadgerCare Update* for medical codes that change as a result of HIPAA.

### TAPE & 3780 PROTOCOL HEADER (DT)

#### **Field 2 — Vendor-Nbr**

Continue to indicate the appropriate pre-HIPAA vendor number.

### CLAIM HEADER RECORD 1

#### **Field 9 — OI**

Indicate “OI-Y” in place of “OI-H.”

#### *Special instructions for dental providers*

“OI-Y” is no longer valid for dental providers. Refer to Attachment 6 of the July 2003 *Update* (2003-50), titled “Changes to local codes, paper claims, and prior authorization for dental services as a result of HIPAA,” for more information.

### CLAIM HEADER RECORD 2

#### **Fields 6-10 — DIAG-1 — DIAG-5**

Do not indicate “M-11” for mother/baby claims. Refer to the June 2003 *Update* (2003-29), titled “Wisconsin Medicaid will no longer reimburse claims submitted for newborns under the mother's identification number,” for more information.

## CLAIM DETAIL RECORD 3

### Field 8 — POS

Enter the appropriate one-digit Wisconsin Medicaid local place of service code.

### Fields 10-11 — M1-M2

Claims that require more than two modifiers cannot be submitted using the HCFA 1500 (80 Byte) Record Layout. If a claim requires more than two modifiers, submit the claim using the 837 Health Care Claim: Professional transaction or the paper CMS 1500. If a claim for nurses in independent practice services requires more than two modifiers, submit the claim using the 837 Health Care Claim: Institutional transaction or the paper UB-92.

Regardless of the DOS, providers will be required to indicate modifiers that replace type of service (TOS) codes when applicable. These modifiers (i.e., “26,” “80,” “AA,” “RR,” and “TC”) are applicable for:

- Durable medical equipment. (Refer to Attachment 2 of the July 2003 *Update* [2003-52], titled “Changes to local codes, paper claims, and prior authorization for durable medical equipment as a result of HIPAA.”)
- Family planning services. (Refer to Attachment 2 of the July 2003 *Update* [2003-53], titled “Changes to local codes and paper claims for family planning services as a result of HIPAA.”)
- Independent laboratory services. (Refer to Attachment 1 of the June 2003 *Update* [2003-41], titled “Changes to local codes and paper claims for independent laboratory services as a result of HIPAA.”)
- Nurse midwife services. (Refer to Attachment 3 of the July 2003 *Update* [2003-57], titled “Changes to local codes and paper claims for nurse midwife services as a result of HIPAA.”)
- Physician services. (Refer to Attachment 3 of the July 2003 *Update* [2003-61], titled “Changes to local codes, paper claims, and prior authorization for physician services as a result of HIPAA.”)
- Portable X-ray provider services. (Refer to Attachment 2 of the June 2003 *Update* [2003-36], titled “Changes to local codes and paper claims for portable X-ray provider services as a result of HIPAA.”)

Modifiers that replace TOS codes should be indicated in addition to the Wisconsin Medicaid local TOS code (CLAIM DETAIL RECORD 3/Field 16).

### Field 16 — TOS

Despite changes as a result of HIPAA, continue to follow the HCFA 1500 (80 Byte) Record Layout specifications.

### Field 19 — SURF

“G” (defined as gingival) is no longer valid. Indicate surface value using the appropriate American Dental Association-defined surface codes.

### Max details

Despite changes as a result of HIPAA, continue to follow the HCFA 1500 (80 Byte) Record Layout specifications.